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## An Interview with Andrew Scibelli

**WH:** First, congratulations on NextEra Energy's (formerly FPL Group) 20th anniversary of its wellness program. How has your employee wellness program evolved during this time?

**AS:** We're very proud that NextEra Energy's health and wellness program has thrived for two decades, and I believe the key has been to continuously recreate ourselves. Because our company has undergone such significant growth during the same time period—from a single-state utility to NextEra Energy, a clean energy company operating in 28 states, Canada and Spain—our wellness program has had to change in tandem with the company to remain relevant to employees.

To keep our program fresh and meaningful, we worked toward greater integration with other corporate programs and expanded our delivery methodology. In 1991, we started with the traditional onsite programs, including health promotion and education, fitness centers and an employee assistance program. Throughout the years that followed, we added nutrition services that ranged from offering dietary consultations to modifying company

cafeteria and vending choices. We incorporated three onsite health centers to offer primary care to employees and their covered dependents. We continuously adapt our program offerings to encourage healthy lifestyles for our employees. Our facilities are smoke free; we offer ergonomic assessments for work stations or work tasks; we have wellness programs for safety, absence management and complex case management; and, most recently, employees can earn incentives for completing a health assessment, not using tobacco, and knowing their health measurements.

Our methods for delivering wellness services has also evolved. As the company expanded to include more locations, we relied on Web-based programs and applications to enable employees and their families to access information, view upcoming events, request rebates or register for programs 24/7, regardless of where they work. We have a highly competent but limited number of staff supporting the program, so we engage a network of voluntary wellness champions and supervisors from more than 270 company locations. These indispensable individuals work with staff and community resources to help us deliver onsite health screenings, flu shots, monthly health promotions and presentations.

**WH:** In the same vein, how has your professional skill set changed over the course of your career?

**AS:** After receiving my Bachelor of Science in Education, I started my career with a master's degree in exercise physiology

and experience working in a fitness center. In the past two decades, I expanded my knowledge across multiple areas of health and benefits. I completed an MBA to gain the additional business skills essential to running this large program efficiently. Financial management, leadership, marketing, communications and presentation skills are all necessary tools that you don't ordinarily learn as a fitness professional. You could say that my own skill set has also become more integrated and focused on delivery!

**WH:** Participation and engagement are continual challenges to health promotion. What have you found to be successful strategies within your own program?

**AS:** Even after 20 years, participation in our programs continues to improve. Last year, 90 percent of our employees participated in at least one onsite program, an increase of seven percent over the previous year. We've been successful by asking employees what they want and need, and then building our programs around their feedback. Every two years, we conduct a companywide employee survey that asks employees which wellness programs they value most, what they would like to see added or changed and whether they have experienced barriers to participation. In addition, because our wellness programs are integrated with health benefits, we use claims data to identify the medical issues that are most common, and then we develop programs to address what we know employees need to reduce their risks.

Well-placed incentives also play a role in gaining participation. Eligible employees

can earn annual reductions in health insurance premiums for completing a health assessment with biometrics. Additionally, rebates are offered for offsite fitness centers, and Weight Watchers® and tobacco cessation programs.

**WH:** Like any industry, health promotion/health management has been “the next greatest idea since sliced bread.” Unfortunately, there are examples of programs that never lived up to the hype in changing outcomes on a broad scale, such as risks and associated costs. What is your advice to vendors when they are marketing their programs to employers?

**AS:** Like people who decide to start exercising and eating well will be most successful if they set realistic expectations and stick to a recommended program. Overnight results don’t happen with improved health and that also applies to an employee population. Somehow, the vendor must help the employer understand that sustainable change across a population may not show bottom line results for several years, even with reductions in health risks and associated costs. If the employer insists on tying the vendor’s contract to documented changes after one year, set more realistic goals for the first year, such as the percent of employees that is participating in programs, and ask for two to five years to demonstrate reduced costs.

A second piece of advice to vendors is to recognize that one size does not fit all. Benchmarking with other companies is a useful tool, but you also must recognize the differences among companies and employee populations and account for those differences in programming and expectations of results. What works one company may not work for another.

**WH:** What advice would you give to young professionals entering the field of employee wellness/health promotion?

**AS:** I’d tell young professionals to start with a passion for helping people and take extra courses in business management and marketing. If you don’t genuinely desire to help others, don’t become a health promotion professional. But passion is not enough. To have the greatest impact, you’ll need business skills to be resource wise and to expand your reach through effective marketing. If you plan to work in a corporate setting, you will need to become as comfortable speaking with managers about return on their investment as you are with writing an exercise prescription.

**WH:** Do you believe that employee health promotion is inextricably linked to employee health benefits? If so, and companies “opt out” of paying for health benefits, an option within the Patient Protection and Affordable Care Act, has employee health promotion lost its primary rationale?

**AS:** I believe that in the optimal setting, companies will provide health benefits and link employee health promotion to these benefits. Companies can offer efficiencies of scale that employees can’t get otherwise, and both employees and the employer have a vested interest in helping employees stay healthy and productive. Our most recent employee wellness survey demonstrated that employees who were highly engaged also believed that the company was committed to their health and wellbeing. I don’t believe that employee wellness will lose its relevance, even in companies that don’t offer health care coverage. These companies will still be concerned with engagement, safety, productivity, recruiting and retention—a visible commitment to employee health is at the heart of all of these. Employee health promotion is here to stay.



# Workplace Health Promotion Continues to Grow Globally

by Barry Hall and Wolf Kirsten, MS

The most recent Global Survey of Health Promotion and Workplace Wellness Strategies was conducted by Buck Consultants in cooperation with Cigna, World at Work and International Health Consulting in 2010. In its fourth year, the survey was completed by a record number of 1,248 organizations based in 47 countries.

The survey showed that 66 percent of respondents globally have a formal health promotion strategy, an increase from 49 percent in 2007. While the field is growing overall prevalence remains highest in North America (see graph below).



For the fourth consecutive year, U.S. employers identified reducing employee healthcare costs as their top strategic objective for health promotion programs (before improving productivity and reducing absenteeism). Globally, the highest ranked objective of wellness programs is improving productivity, since employers in most other countries aren't burdened by employee healthcare costs nearly as much as U.S. employers are.

Employee stress is the top health concern driving employers to invest in wellness programs globally (see figure below). Only the United States ranks stress much lower (6th) as a health risk targeted by these programs (physical activity and improved nutrition are the top health priorities).

	Africa/Mid East	Asia	Australia	Canada	Europe	Latin America	United States
Stress	1	1	1	1	1	2	6
Physical activity/exercise	4	3	3	3	2	1	1
Nutrition/healthy eating	4	7	1	5	5	7	2
Work/life issues	4	2	3	2	3	12	10
High blood pressure	4	10	10	8	10	4	5
Chronic disease	2	9	9	7	13	5	3
Workplace safety	9	4	6	6	4	6	11
Depression/anxiety	8	13	7	4	7	9	9
High cholesterol	12	11	11	9	12	7	7
Tobacco use/smoking	11	5	13	11	8	10	8
Psychosocial work env.	10	8	14	12	6	8	15
Obesity	15	14	8	14	14	11	4
Sleep/tired	16	12	5	9	11	14	14
Personal safety	13	6	12	13	9	13	13
Infectious diseases (HIV)	3	17	16	17	18	16	17
Maternity/newborn health	18	15	18	16	16	15	12
Substance abuse	14	18	15	15	15	18	16
Public sanitation	17	16	17	18	17	17	18

The lower priority given to stress by U.S. survey respondents likely reflects cultural differences and employers' limited appreciation of how stress impacts their healthcare costs and worker productivity.

## Other significant findings of the 2010 survey

- 54% of employers with multi-national workforces are applying global strategies—up from 41% in 2009.
- Employee morale and engagement have emerged as key business drivers for health promotion while productivity remains ranked in the top three in most regions.
- A significant measurement gap persists, (e.g., 63% of respondents have not measured specific outcomes from health promotion programs).
- Getting good program participation remains a major challenge.
- Web-based tools have become the most common channel to communicate health promotion programs (for the first time in the survey).

The next Global Survey will be conducted in 2012. In the meantime Buck Consultants and International Health Consulting have embarked on an in-depth analysis and benchmarking study of global approaches to workplace health promotion. The report is due to be released in the late fall.

\*Barry Hall is Principal, Talent and HR Solutions at Buck Consultants

# The Pyramid Planning Model

by George J. Pfeiffer, MSE, FAWHP

There is a plethora of program planning and design models for worksite health promotion. One such design is the “The Operational Program Planning Pyramid Model” that is presented on the facing page. This model has evolved from its first appearance in original articles published in *Corporate Commentary* in 1984 and a revised model published in *Worksite Health*, 1995.

The general premise of this model is that greater participation and engagement is based on the establishment of a strong foundation that focuses on organizational readiness and support. Here, practitioners are encouraged to have “their ducks in a row” from a planning perspective before they embark in program implementation.

Each subsequent level capitalizes on the stability and “critical mass” of the preceding level. As such, in theory, a greater percentage of a targeted population is drawn to the next program level, thus improving penetration, participation, and engagement in selected interventions.

Another advantage of this model is that it illustrates and reinforces “population management” first by targeting the entire population through core initiatives and then directing targeted cohorts to appropriate interventions up the pyramid. Ideally, broadening the “Organizational Readiness and Support” and “Risk Avoidance/Well-being Programming” levels signify a more embedded “culture of health” and a higher percentage of “low-risk” individuals respectively.

Finally, this model facilitates a cross-functional approach to program planning, design, implementation, day-to-day management, and accountability.



## Level One: Organizational Readiness and Support

- Establishes a process that provides organizations with an integrative planning process that helps assure that key steps are addressed.
- Addresses organizational/environmental supports, policy development, and benefit design for reducing barriers to engagement and creating a “culture of health.”
- Establishes a process for integrating program goals and objectives into measurable outcomes.

## Level Two: Risk Avoidance/Well-being Programming

- Provides equal access of core initiatives to the entire population.
- Provides programming tools/resources that address general well-being, primary prevention, and medical self-care.
- Provides access to other complimentary employee support services such as work/life, EAP, and occupational health/safety.
- Assures equal access to core programming to all employees and dependents.
- Based on risk assessment/needs, matches employees/dependents with appropriate resources/interventions at higher levels and strategies to keep “healthy employees, healthy.”

## Level Three: Risk Reduction Programming

- Targets and tailors appropriate resources/interventions based on level of risk and readiness to change.

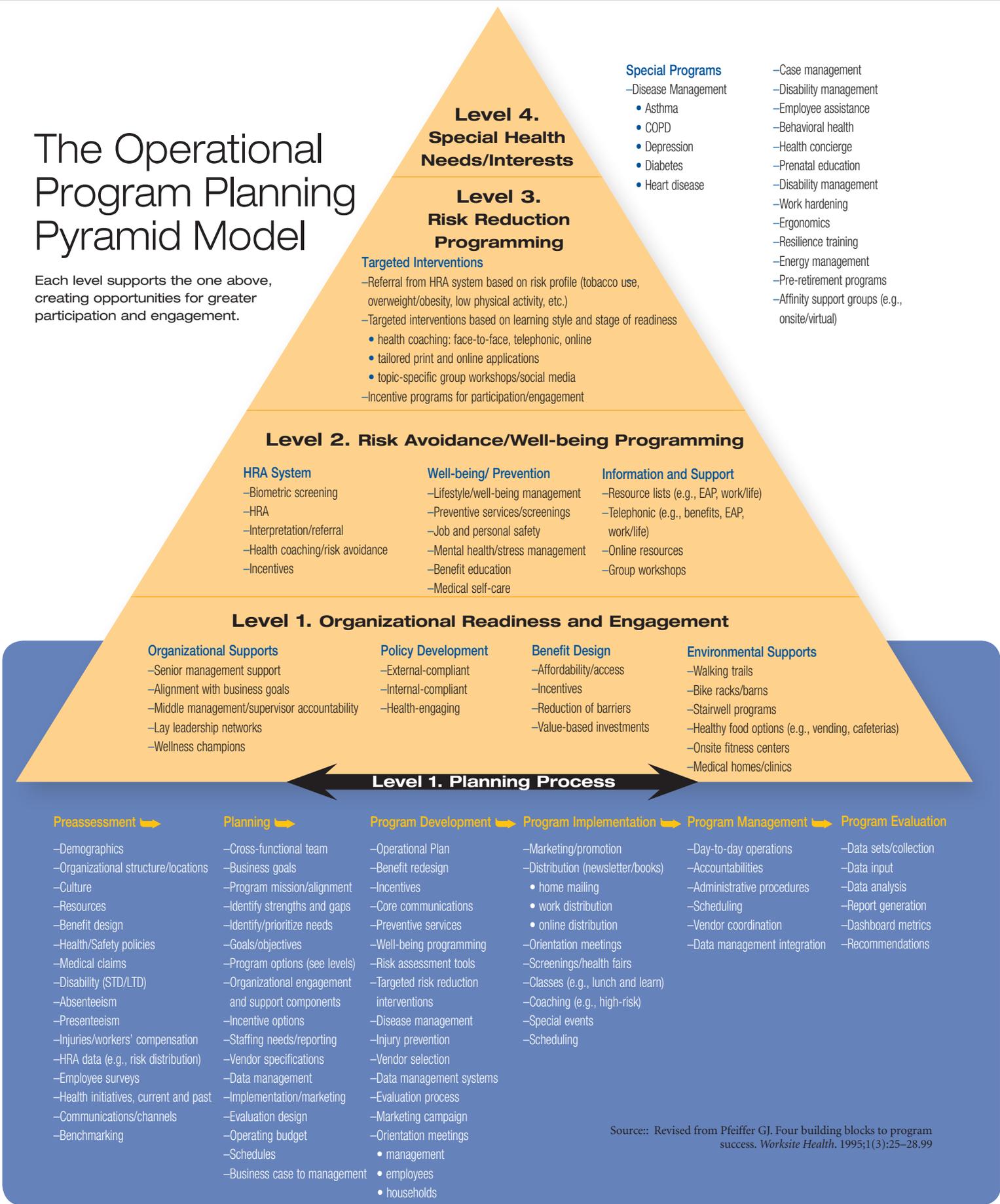
## Level Four: Special Health Needs/interests

- Provides targeted disease management programs based on the organization’s health and productivity measures. In addition, special programs (e.g., resilience, work-life) that address the organization’s culture and needs are offered.
- Maximizes participation, compliance, and outcomes.

In summary, the “The Operational Program Planning Pyramid Model” provides health promotion managers with a successful approach to program planning that has been used and revised over the past 25 years. Its primary goals are to leverage organizational and programmatic supports to drive greater participation and engagement in sponsored initiatives and sustain their effectiveness.

# The Operational Program Planning Pyramid Model

Each level supports the one above, creating opportunities for greater participation and engagement.



### Special Programs

- Disease Management
  - Asthma
  - COPD
  - Depression
  - Diabetes
  - Heart disease
- Case management
- Disability management
- Employee assistance
- Behavioral health
- Health concierge
- Prenatal education
- Disability management
- Work hardening
- Ergonomics
- Resilience training
- Energy management
- Pre-retirement programs
- Affinity support groups (e.g., onsite/virtual)

### Level 4. Special Health Needs/Interests

### Level 3. Risk Reduction Programming

#### Targeted Interventions

- Referral from HRA system based on risk profile (tobacco use, overweight/obesity, low physical activity, etc.)
- Targeted interventions based on learning style and stage of readiness
  - health coaching: face-to-face, telephonic, online
  - tailored print and online applications
  - topic-specific group workshops/social media
- Incentive programs for participation/engagement

### Level 2. Risk Avoidance/Well-being Programming

#### HRA System

- Biometric screening
- HRA
- Interpretation/referral
- Health coaching/risk avoidance
- Incentives

#### Well-being/Prevention

- Lifestyle/well-being management
- Preventive services/screenings
- Job and personal safety
- Mental health/stress management
- Benefit education
- Medical self-care

#### Information and Support

- Resource lists (e.g., EAP, work/life)
- Telephonic (e.g., benefits, EAP, work/life)
- Online resources
- Group workshops

### Level 1. Organizational Readiness and Engagement

#### Organizational Supports

- Senior management support
- Alignment with business goals
- Middle management/supervisor accountability
- Lay leadership networks
- Wellness champions

#### Policy Development

- External-compliant
- Internal-compliant
- Health-engaging

#### Benefit Design

- Affordability/access
- Incentives
- Reduction of barriers
- Value-based investments

#### Environmental Supports

- Walking trails
- Bike racks/barns
- Stairwell programs
- Healthy food options (e.g., vending, cafeterias)
- Onsite fitness centers
- Medical homes/clinics

### Level 1. Planning Process

#### Preassessment

- Demographics
- Organizational structure/locations
- Culture
- Resources
- Benefit design
- Health/Safety policies
- Medical claims
- Disability (STD/LTD)
- Absenteeism
- Presenteeism
- Injuries/workers' compensation
- HRA data (e.g., risk distribution)
- Employee surveys
- Health initiatives, current and past
- Communications/channels
- Benchmarking

#### Planning

- Cross-functional team
- Business goals
- Program mission/alignment
- Identify strengths and gaps
- Identify/prioritize needs
- Goals/objectives
- Program options (see levels)
- Organizational engagement and support components
- Incentive options
- Staffing needs/reporting
- Vendor specifications
- Data management
- Implementation/marketing
- Evaluation design
- Operating budget
- Schedules
- Business case to management

#### Program Development

- Operational Plan
- Benefit redesign
- Incentives
- Core communications
- Preventive services
- Well-being programming
- Risk assessment tools
- Targeted risk reduction interventions
- Disease management
- Injury prevention
- Vendor selection
- Data management systems
- Evaluation process
- Marketing campaign
- Orientation meetings
  - management
  - employees
  - households

#### Program Implementation

- Marketing/promotion
- Distribution (newsletter/books)
  - home mailing
  - work distribution
  - online distribution
- Orientation meetings
- Screenings/health fairs
- Classes (e.g., lunch and learn)
- Coaching (e.g., high-risk)
- Special events
- Scheduling

#### Program Management

- Day-to-day operations
- Accountabilities
- Administrative procedures
- Scheduling
- Vendor coordination
- Data management integration

#### Program Evaluation

- Data sets/collection
- Data input
- Data analysis
- Report generation
- Dashboard metrics
- Recommendations

Source: Revised from Pfeiffer GJ. Four building blocks to program success. *Worksite Health*. 1995;1(3):25-28.99



## Worksite Health Promotion in Brazil on the Rise

By Wolf Kirsten, MS and Alberto Ogata, MD\*

The *IAWHP* and the *Brazilian Association of Quality of Life (ABQV)* recently signed a “Memorandum of Understanding,” in which a complimentary IAWHP membership is offered to all ABQV members. IAWHP and ABQV have a common interest in developing and supporting professionals in their work to further the field of worksite health promotion and improve the quality of life of those affected by these efforts. We would like to take this opportunity to focus on workplace health promotion in Brazil and introduce the ABQV to the IAWHP membership.

**B**razil is South America’s most influential country and a rising global economic power. Having come out of the global crisis relatively unscathed, economic growth has been steady and major investments are being made for the Soccer World Cup in 2014 and the Olympics in 2016.

Public healthcare is provided by the Unified Health System (SUS) to all residents of Brazil, securing universal access and achieving good results for vaccine-preventable infectious diseases, reduction of maternal mortality, and, more recently, in controlling AIDS by providing free anti-retroviral therapy at point of entry—an impressive account of joint efforts, supported by successive governments, to expand preventive and curative healthcare in response to growing demands.

At the same time, a growing private healthcare sector now covers approximately 42 million people. There still are vast socioeconomic and regional disparities that require much more progress in improving basic living conditions for a large portion of the population. In addition, chronic diseases related to lifestyles, such as physical inactivity, poor nutrition, and high stress, are on the rise. These lifestyles are especially visible in the corporate environment and are affecting the productivity of employees. Brazilian enterprises, in particular in the major cities, have been quite active offering health and well-being programs to their employees since the 1990s.

The Brazilian Association of Quality of Life (ABQV) has been instrumental in advancing successful approaches and strategies for improving the health of employees. For example, the National Award for Quality of Life has been recognizing outstanding programs since 1996. The ABQV ([www.abqv.org.br](http://www.abqv.org.br)) is a national membership association in the field of health promotion and quality of life at the workplace with approximately 500 corporate members. The ABQV was founded in 1995 to connect institutions and communities into a supportive network and assist employees to make better lifestyle choices.

An interesting characteristic related to worksite health promotion is every employer is required to provide a regular annual medical examination for employees (regardless of the job). This provides a great opportunity to inform, influence, and encourage employees to adopt healthier lifestyles and therefore could be used as a cornerstone of a comprehensive program.

### Key Facts about Brazil

- Population: 201 million (5th largest in the world)
- Country mass: 8,551.877 square km (5th largest in the world)
- Government type: federal republic
- GDP per capita: \$10,200 (2009 est.).  
Compared to the world: 103
- Life expectancy: 72.26 years
- Healthcare expenditures: 8.2 % of GDP
- Language: Portuguese

Source: CIA (2010). The World Factbook.

\*Alberto Ogata is President of the ABQV

#### Sources:

Kirsten, W, Karch, R. *Global Perspectives in Workplace Health Promotion*. Jones & Bartlett. 2011.  
Health in Brazil. *Lance, Special Edition*. May, 2011.

# Successful Worksite Health Promotion Begins With a Strong Administrative Process

Thomas Golaszewski Ed.D. & Dee Edington, Ph.D.

Consider what takes place when a responsible work organization attempts to develop and launch an important new product.

- The chief executive would announce the product with great fanfare and high visibility.
- Key administrative leaders and professionals likely would be organized into a powerful taskforce to assume responsibility. An influential and respected manager would be assigned to its leadership.
- The group would receive broad authority and a substantial budget at its disposal. A formal work plan would be prepared. Ambitious goals and objectives would be set, including personal objectives for managers that are linked to the annual performance plan.
- A thorough research effort would be initiated to understand consumer wants and needs, competing product characteristics, distribution considerations, pricing and a myriad of other market related issues.
- Product prototypes would be developed and thoroughly tested.
- A comprehensive communication strategy would be prepared to alert consumers, heighten product awareness, and excite purchasing interest.
- After product launch, continuous monitoring of user satisfaction would take place with modifications addressed as needed.

And the whole process would be supported by the prudent use of the organization's reward structure to influence the entire workforce to turn a vision into reality.

Would we expect anything different? Of course not, but how often is a strong administrative presence applied to most worksite health initiatives? To emphasize this point, an analysis of health supporting characteristics within 1,000 New York State (USA) companies revealed that the lowest scoring section among seven programmatic components was administrative supports, with an average score of only 10 percent of measured characteristics observed (Golaszewski & Fisher, 2002\*).

A health promotion initiative seeking to reverse well ingrained employee health behaviors and risks is a substantial undertaking. If done correctly, it could provide enormous benefit to the organization. Administrative support for this undertaking should match its importance, especially as the size and complexity of the organization increases (Chapman, 2009\*).

Recent literature argues for the creation of a health supporting work environment. In this forum, the authors spoke to this issue in a discussion on the definition of a "culture of health" (Allen, Golaszewski, Edington, 2010\*). The phrase "work environment" was interpreted quite broadly and considered the program's administrative process as critically important. Playing off the opening paragraph, a workplace health promotion initiative might look like the following:

- The CEO makes a formal announcement of the health initiative to the Board of Directors at an open meeting. Follow-up communications are delivered to employees through primary channels with supplemental manager discussions held at unit/department meetings to "spread the word."

- An administrative task force is organized, that includes senior managers and "major players" from relevant work groups.
- An influential and relevant senior manager is appointed to be the administrative head.
- The task force creates a master plan includes a mission and vision, details what is to happen, and provides a timeline of events to occur.
- Organizational and personal goals/objectives are set within annual performance plans across the organization. For most key managers and professionals, many are linked to year-end performance bonuses.
- Administrative participation is broadened through the use of multiple sub-committees and "action teams" consisting of relevant professionals (e.g., occupational nurse, safety manager, EAP coordinator) and other interested employees.
- Extensive market research on the intended audience (e.g., employees) is organized, coupled with program pilot testing, and ongoing evaluations after program rollout.
- Delivery of ongoing communications strategies takes place using diverse media and creative messages to brand the program, create interest, and stimulate participation.
- The organization's reinforcement mechanisms are utilized to recognize individual/group contributions and successful health outcomes, and to celebrate success communally.

*[The above is meant for illustrative purposes and does not necessarily reflect the ideal administrative process for health promotion. (Edington, 2009)]*

Administrative components do not improve employee health knowledge, increase skills, shift attitudes, or change behavior. Program components do that. But the application of sound administrative practice appears necessary to increase the probability that any program would succeed and be sustained. Little is known about the value of administrative practices related to health promotion programming, other than anecdotal observation. However, some data exist to emphasize this relationship.

A study of 53 New York State (USA) worksites, followed after 2 years of intervention, showed a significant increase in overall program activity (Fisher, et al, In press\*). This intervention emphasized individual programming. After 3-years post intervention, a significant 7 percent drop in overall program activity was observed.

In contrast, another intervention involving 20 New York companies emphasized administrative supports primarily and individual programming secondarily (Golaszewski, Barr & Cochran, 1998\*). After one year of intervention, overall program activity also increased significantly. However, the initial intervention group increased an additional 20 percent on their own in the second year when intervention shifted to the delayed treatment control (unpublished data). In other words, the presence of a strong administrative structure in the first year appeared to increase the progression of worksite health promotion activity independent of formal intervention activity in the second year. Good administrative practice seems to matter.

\*Full references are available on request.

## Member Insights

*Q. Since you began your career in worksite health promotion, how has the role of women as practitioners?*



**BRENDA LOUBE, M.S.**  
Principal/Founder  
Corporate Fitness Works

“In looking back to the early 1980’s, worksite health promotion was focused more on executive fitness and, if there were “employee fitness programs,” women were definitely a minority and may have had their own exercise rooms within the complex.

At this time, there seemed to be a perception that fitness was a man’s field as the executive fitness centers were predominately male participants, managed by male practitioners, who primarily had degrees in exercise physiology. Women did not tend to enter into this field because of this perceived barrier.

Today, worksite health and fitness opportunities are wide open for women and thus, we are finding that more women are

taking advantage of this change. Women are perfectly suited for a wide range of roles, such as bringing skill sets related to creativity, motivation, interpersonal dynamics, strategic planning, and whole person wellness. Women have a strong, innate tendency to be champions, team players, and are passionate about making a difference in people’s lives.

I also would like to believe that worksite health promotion has influenced the consumer side of the “fitness industry.” Today, we are seeing commercial fitness centers incorporating a more comprehensive approach to total lifestyle management through such services as risk assessment, health coaching, nutritional counseling, and programming concerning all dimensions of wellness. Again, these trends create more opportunities for women (and men alike) to apply their skills in helping individuals become better engaged in their health and well-being.

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